

AO 240 (Rev. 10/03)

UNITED STATES DISTRICT COURT

Middle

District of

AlabamaWillie R. Strickland
Plaintiff

V.

D.O.C. / V.C.F.
Prison Health Services
DefendantAPPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITCASE NUMBER: 2:05cv 931-F

2005 SEP 29 A 9:29

RECEIVED

I, Willie R. Strickland declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration _____

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions. ✓

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

2002 Aug. / 400.00 wk. / self employed

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

e. family sends 100.00 \$ a month for food & hygiene.

f. was currently in the hobby craft leather shop. NO longer in there

AO 240 Reverse (Rev. 10/03)

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

NONE

I declare under penalty of perjury that the above information is true and correct.

9-27-05

Date

Willie R. Stickland 226537

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

OR

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9-27-05
(date)

Willie F. Stickland
Signature of Affiant

CERTIFICATE

I hereby certify that the plaintiff herein has the sum of \$ 24.92 on account to his credit at the Ventress institution where he is confined. I further certify that plaintiff likewise has the following securities to his credit according to the records of said institution: _____

N/A

I further certify that he has had the average sum on account at this institution as of the first day of each month of the immediate preceding months [not to exceed six (6) months].

A.	\$ _____	on the first day of _____
B.	\$ _____	on the first day of _____
C.	\$ _____	on the first day of _____
D.	\$ <u>see</u>	on the first day of <u>attached</u>
E.	\$ _____	on the first day of _____
F.	\$ _____	on the first day of _____

computerized monthly balance sheet attached

Dross
Authorized Officer of Institution

Date: 9/27/05

MONTH	# OF DAYS	AVG DAILY BALANCE	MONTHLY DEPOSITS
SEP	29	\$44.40	\$125.00
OCT	31	\$14.92	\$264.00
NOV	30	\$17.78	\$200.25
DEC	31	\$24.07	\$488.00
JAN	31	\$56.49	\$605.00
FEB	28	\$12.00	\$104.00
MAR	31	\$21.09	\$290.00
APR	30	\$60.01	\$255.00
MAY	31	\$29.87	\$185.00
★ JUN	30	\$20.49	\$40.00 ★
JUL	31	\$2.63	\$100.00
AUG	31	\$6.55	\$180.00
SEP	1	\$24.92	\$0.00

★ Before this I was in the Leather Craft Hobby Shop